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2551-1001

PATENTS



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Roberto VILLA et al. Confirmation No. 4029

Serial No. 10/009,532 Group 1614

Filed December 12, 2001 Examiner Liliana Di Nola Baron

CONTROLLED RELEASE AND TASTE MASKING ORAL PHARMACEUTICAL  
COMPOSITIONS

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is a Supplemental Application Data Sheet which corrects the Attorney docket number and the Assignee's address.

Respectfully submitted,

YOUNG & THOMPSON

By

*Benoit Castel*

Benoit Castel  
Attorney for Applicants  
Registration No. 35,041  
745 South 23rd Street  
Arlington, VA 22202  
Telephone: 703/521-2297

October 28, 2003



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Supplemental Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: CONTROLLED RELEASE AND TASTE  
MASKING ORAL PHARMACEUTICAL  
COMPOSITIONS  
Attorney Docket Number:: 9623-V/vmf/as 2551-1001  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: None  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: REPUBLIC OF PANAMA  
Status:: Full Capacity  
Given Name:: ROBERTO  
Middle Name::  
Family Name:: VILLA  
City of Residence:: PANAMA CITY  
State or Province of Residence::  
Country of Residence:: REPUBLIC OF PANAMA  
Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°  
CALLE 52 Y ECUIRA MENDEZ  
City of Mailing Address:: PANAMA CITY  
State or Province of Mailing Address::  
Country of Mailing Address:: REPUBLIC OF PANAMA  
Postal or Zip Code of Mailing Address::  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: REPUBLIC OF PANAMA  
Status:: Full Capacity  
Given Name:: MASSIMO  
Middle Name::  
Family Name:: PEDRANI  
City of Residence:: PANAMA CITY  
State or Province of Residence::  
Country of Residence:: REPUBLIC OF PANAMA  
Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°  
CALLE 52 Y ECUIRA MENDEZ  
City of Mailing Address:: PANAMA CITY  
State or Province of Mailing Address::

Country of Mailing Address:: REPUBLIC OF PANAMA

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: REPUBLIC OF PANAMA

Status:: Full Capacity

Given Name:: MAURO

Middle Name:: AJANI

Family Name:: FOSSATI

City of Residence:: PANAMA CITY

State or Province of

Residence::

Country of Residence:: REPUBLIC OF PANAMA

Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°  
CALLE 52 Y ECUIRA MENDEZ

City of Mailing Address:: PANAMA CITY

State or Province of Mailing Address::

Country of Mailing Address:: REPUBLIC OF PANAMA

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: REPUBLIC OF PANAMA

Status:: Full Capacity

Given Name:: LORENZO

Middle Name::

Family Name:: FOSSATI

City of Residence:: PANAMA CITY

State or Province of

Residence::

Country of Residence:: REPUBLIC OF PANAMA

Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°  
CALLE 52 Y ECUIRA MENDEZ

City of Mailing Address:: PANAMA CITY

State or Province of Mailing Address::

Country of Mailing Address:: REPUBLIC OF PANAMA

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	PCT/EP/00/05356	9 JUNE 2000	YES
ITALY	MI99A001317	14 JUNE 1999	YES
ITALY	MI2000A000422	3 MARCH 2000	YES

**Assignment Information**

Assignee Name:: COSMO Spa

Street of Mailing Address:: VIA C. COLOMBO 1

City of Mailing Address:: LAINATE (MILANO)

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 20020